

Exhibit 1

Account Application

TRANSTAR
TRANSTAR INDUSTRIES, INC. ®

☐ **COD Account**
No References Required

☒ **Credit Application**
References Required

For Internal Use Only

Account #: 159935

Sales #: 176648 SDE

BILL TO:

Corporation Name: Dynotec Industries
Business Name: _____
Street Address: 14355 Johnson Memorial
City: Shakopee State: MN Zip: 55379
Country: USA
Phone: 952-1041-9005 Fax: _____
Email Address: tlundquist@tds.net

SHIP TO (if different from billing address):

Corporation Name: _____
Business Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Country: _____
Phone: _____ Fax: _____
Email Address: _____

Do you now or have you ever had an account with Transstar Industries, Inc.? ☒ Yes ☐ No

If yes, please provide your Transstar Customer Number: 159935

BUSINESS PROFILE:

No. of years at this location: 2
No. of locations: 1
Other branches or affiliates? ☐ Yes ☒ No
Name of branch or affiliate(s): _____
(if more than one, please attach an additional page)
Street Address: _____
City: _____ State: _____ Zip: _____
Country: _____
Phone: _____ Fax: _____

TYPE OF BUSINESS:

☒ Corporation ☐ Limited Liability Corp. (LLC)
☐ Limited Partnership ☐ Partnership
☐ Sole Proprietorship
State of Incorporation: Minnesota or
Location of Primary Business (state): _____
or If sole proprietorship, state(s) or residence, include all:
Federal Tax ID Number: 45-0563991
Social Security Number: _____

INFORMATION ON PARTNERS/OFFICERS OF COMPANY:

Name: Tim Lundquist
Title: President
Street Address: 13351 Skyline Cir
City: Shakopee State: MN Zip: 55379
Country: USA Phone: 952-1041-9005

Name: _____
Title: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Country: _____ Phone: _____

INFORMATION ABOUT YOUR BUSINESS:

Business Location(s): ☐ Own ☒ Lease
Monthly Rent Payment: 2200 Number of Employees: 5 Number of Bays: 3
Estimated Monthly Parts Purchases: _____

In order to process your credit application, a valid Driver's License number and state of issuance is required.

DL State of issuance: Minnesota Driver's License Number: _____

BANK INFO (to be filled out by applicant):

Bank Name: Community Bank Contact: Melissa Carlson
 Address: 706 Walnut St.
 City: Chaska State: MN Zip: 55318
 Country: _____ Phone Number: (952) 556-1305
 Account Number: _____
☒ Checking ☐ Savings ☐ Other, please describe: _____

TRADE REFERENCES (to be filled out by applicant):

Contact: Tom Company Name: Napa Jordan
 Address: _____
 City: Jordan State: MN Zip: 55352
 Country: USA Phone Number: (952) 492-3111

Contact: Don Robinson Company Name: Transstar
 Address: _____
 City: Columbia Heights State: MN Zip: 55421
 Country: USA Phone Number: (763) 781-5888

Contact: Nick Company Name: Napa Chaska
 Address: _____
 City: Chaska State: MN Zip: 55318
 Country: USA Phone Number: () _____

- The undersigned authorizes Transstar Industries, Inc., its assigns, affiliates and subsidiaries (hereinafter referred to as "Transstar") to perform the necessary credit investigation on the information provided in this credit application.
- Transstar Standard Terms of Sale are Prox 15* (Invoices billed one month are due on the 15th of the month following purchase). Actual terms may vary based upon Transstar's credit investigation.
- Late payments or balances higher than your assigned credit limit may result in shipments being held, as well as NSF Checks (Non-Sufficient Funds for which a \$50 service fee or the maximum allowed by law will be charged). NSF Checks must be replaced immediately by Certified Funds or Money order.
- A service charge will be added to all delinquent accounts.
- Transstar does review credit limits periodically and may make changes based on business growth and payment history. If you desire to raise your credit limit, Transstar may require additional information including a recent audited financial statement.
- Transstar may require security for accounts maintaining larger balances.
- Customers with past due balances or NSF checks are not eligible to receive refund checks from Transstar. All credits will be applied to open balances.
- Transstar is required to collect State and Local Sales Tax for customers unless we have a certificate of exemption on file, or a resale certificate.
- Incomplete Credit Applications will not be processed.

The undersigned, the principal and shareholder(s) of said company, expressly agrees to indemnify and hold harmless Transstar Industries, Inc., its affiliates, subsidiaries, successors and assigns, because of extension of credit as contained in this application and in the event the undersigned company fails or refuses to pay any amount due to Transstar, the undersigned principals will pay said amount in full upon demand of Transstar, including all interest, finance charges, and attorney's fees in the event it is necessary for Transstar to employ an attorney or other third party firm to collect same, together with the cost of collection. This application replaces and supercedes any previous credit applications with Transstar, its predecessors, affiliates and subsidiaries. This is to certify that I am a principal of the business and personally guarantee this account.

Signed: [Signature] Date: 3/26/09

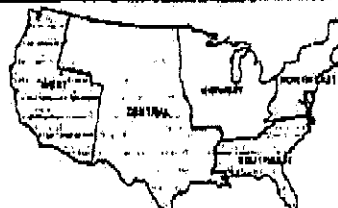
Printed Name: Tim Lundquist

Signed: _____ Date: _____

Printed Name: _____

Please send application back to the Transstar Region that your business is located in:

Region	Central	Midwest	Northeast	Southeast	West
Fax	214-920-7080	440-201-8025	732-225-4102	256-787-7455	623-848-3154
Phone	800-274-2831	800-358-3330	800-254-0260	800-833-3340	888-878-6680
Location	2425 Irving Blvd. Dallas, TX 75207	7350 Young Dr. Cleveland, OH 44146	40 Campus Dr. Edison, NJ 08837	501 Country Rd. 50 Florence, AL 35634	4530 N. 43 rd Ave. Phoenix, AZ 85031



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